

VILLAGE OF FREMONT
REQUEST FOR CLOSURE/DETOUR OF VILLAGE STREET

Name of Organization: _____

Name of Person Requesting Closure: _____

Address: _____

Phone: _____

Date/Time of Closure: _____

Location of Proposed Closure: _____

Proposed Detour Route: _____

Reason for Requested Closure/Detour: _____

Barricades will be set out on the corners of the street(s) to be closed prior to the event. Will you have someone from your organization to set them out on the street(s) before and return them to the corners after the event?

___ Yes ___ No

If traffic control provided by the police department is needed, please call the Fremont Police Department at 920-446-2299. This must be scheduled 45 days prior to event.

****Note:** At least one lane of roadway should be fully cleared and open for travel each night for the duration of the closure/detour, unless other arrangements have been previously approved by the village.

Signature of Requestor: _____

Office Use Only

Approved: _____ Date: _____

Village President

Copy to: Police Dept _____ Fire Dept _____